Fee **$105.00 U.S.** No personal checks. All fees are nonrefundable.

Minnesota BOARD OF Nursing

2829 University Avenue SE #200
Minneapolis, MN 55414-3253
(612) 317-3000 – Voice (612) 617-2190 – Fax
Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
(800) 627-3529 – TTY
Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

ADVANCED PRACTICE REGISTERED NURSE LICENSURE APPLICATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires applicants to provide their Social Security number and Minnesota business identification number on all license applications.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application, except social security number and responses to grounds for review questions, becomes public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

•Type or print clearly •Use black ink •Provide all information •Incomplete applications will be returned •Do not use initials or abbreviations

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER ☐ Home ☐ Business ( )
STREET ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE / COUNTRY
EMAIL ADDRESS		
MINNESOTA LICENSE NUMBER ☐ RN _____	BIRTH DATE (mm/dd/yyyy)	GENDER ☐ Male ☐ Female
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72 ___-___-____	☐ I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number	MINNESOTA BUSINESS IDENTIFICATION NUMBER Required by Minn. Stat. Sec. 270C.72
APRN PROGRAM NAME		COMPLETION DATE (mm/dd/yyyy)

BUSINESS ADDRESS: Minn. Stat. Sec. 214.073 requires licensees to provide their primary business address (if employed as a nurse) at the time of initial application and all renewals. Your license will not be issued unless you provide it or check the box below certifying that you are not currently in the workforce related to your practice.

BUSINESS NAME (if employed as a nurse)		
STREET ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE

☐ I certify that I am not currently in the workforce related to my practice and I don't have a business address related to my practice.

APRN ROLE (A separate application is required for each role)

☐ NURSE PRACTITIONER	☐ NURSE MIDWIFE
☐ NURSE ANESTHETIST	☐ CLINICAL NURSE SPECIALIST

POPULATION FOCUS (Check all statements that apply)

☐ ADULT GERONTOLOGY	☐ PEDIATRIC	☐ ACUTE CARE (if appropriate)
☐ NEONATAL	☐ HEALTH PSYCHIATRIC/MENTAL	☐ PRIMARY CARE (if appropriate)
☐ WOMEN'S HEALTH	☐ FAMILY	

-OVER-

CURRENT CERTIFICATION

Applicant must request documentation of current certification in good standing be sent directly from the certifying body to the Board.

CERTIFYING ORGANIZATION	CERTIFICATION TYPE	EFFECTIVE DATE	EXPIRATION DATE
CERTIFYING ORGANIZATION	CERTIFICATION TYPE	EFFECTIVE DATE	EXPIRATION DATE

PRESCRIBING

PRESCRIBING PHARMACOLOGICAL INTERVENTIONS (MEDICATIONS)	☐ YES ☐ NO
PRESCRIBING NON-PHARMACOLOGICAL INTERVENTIONS (X-RAYS, LABS, THERAPIES, ETC.)	☐ YES ☐ NO

DEA NUMBER	STATE ISSUED
DEA NUMBER	STATE ISSUED

GROUNDS FOR REVIEW OF APPLICATION

Provide a written explanation for every Yes response.

1. Have you ever violated a state or federal law or rule relating to the practice of nursing in any state, territory or country?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
2. Have you ever violated a state or federal law or rule relating to narcotics or controlled substances or other similar regulations?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
3. Have you ever been convicted, entered a plea of guilty, *nolo contendere*, or no contest, for any felony, gross misdemeanor or misdemeanor offense? *NOTE: The fact that a conviction has been pardoned, expunged, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."*
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
4. In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
5. Have you been fired from a nursing-related job in the last five years due to conduct that may be grounds for disciplinary action under the Nurse Practice Act?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
6. Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a nursing license or any other occupational license in any state, territory or country?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.
7. Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety?
   NOTE: *If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question.*
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a statement explaining management and treatment is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a statement explaining management and treatment is attached.
   ☐ No.
8. Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid?
   ☐ Yes, this has NOT previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ Yes, this has previously been reported by me to the Minnesota Board of Nursing and a written explanation is attached.
   ☐ No.

I affirm that the statements and documents provided by me during the application process are true and correct.

_____ _____

Legal Signature Date (mm/dd/yyyy)